Recent RFA Questions

1. In the RFA, there is not a clear example of the budget format requested for each application. In looking at past years, there is one format, but when awarded the grant, a different format is requested. Could you please either send me an attachment with an example, or show me where I missed the information in the RFA?

We are aware that once a grant is awarded there is a different budget format requested but for the purpose of this application we are asking applicants to use the format outlined in Attachment I of the RFA.

2. If we are an agency with multiple satellite locations but only one main office is a separate application for each satellite location needed for each service category?

No, a separate application is not required. You essentially have one program that is operated at different locations.

3. Are applications for the service category Discharge Planning expected to include all of the types of facilities mentioned in the RFA or can it focus just on a specific type of facility, such as discharge planning specifically for persons being released from a hospital or discharge planning specifically for inmates in correctional facilities?

The answer is no -- you do not have to speak to all of the areas identified under the discharge planning service category. You would write your application to address only the program service(s) for which your agency offers.

4. How can applicants obtain the approved protocol for case management in the District of Columbia?

The Case Management protocol is only available here in the office at 64 New York Ave., 5th Floor.

5. The DC RFA (p. 73) requires applicants to establish "specific, measurable program objectives for the service area of the application." Are applicants required to establish process objectives (i.e., number of persons served, number of service units provided), outcome objectives (i.e., improvement or maintenance of health status), or both process and outcome objectives? If process objectives are required, are the process objectives expected to be different from the "number of service units to be provided" (DC RFA p. 73)?

We are asking for both process and outcome objectives and no the process objectives are not expected to be different from the "number of service units to be provided."

6. Please clarify if we need to include in the 2005 RFA an original certificate of insurance?

No, an original certificate of insurance does not have to be submitted with the application. A copy of the document will be accepted. However, at the time of award, we will need the original to include as a part of your grant file.

7. In the DC RFA, page 70 states that "evaluation will be with respect to performance outcomes and attainment of program targets." What is meant by "performance outcomes and attainment of program targets"? Does this mean that grantees are expected to evaluate the attainment of outcome objectives, process objectives, or service units?

This simply means that you the applicant need to provide evidence of how each service that is delivered will be evaluated with respect performance outcomes and attainment of program targets which includes client targets, service units, and other process and outcome objectives you state in your application.

8. In the DC RFA, page 74 states that "organizations who received more than $300,000 in Fiscal Year 1999 must submit a copy of their most recent OMB A-133 or A-128 audit with their application…." Also on page 74, applicants are required to submit a "current certified statement of the applicant's financial condition (not more than twelve months old and prepared by an independent CPA, who is not an employee of the applicant)". On page 79, the RFA states "applicants with annual budgets of more than $500,000 must submit an audit in compliance with OMB Circular No. A-133 for the calendar year or fiscal year that included 2003." Please clarify these requirements. What audit or financial statement are applicants required to include in their applications? We believe that requiring a 2003 audit instead of the applicant's most recent audit would be an unreasonable burden for many applicants.

The financial requirements stated in the DC RFA on page 74 and 79 are the items that we are requiring. On page 74 the dollar amount required to submit an A-133 audit was incorrectly stated as 300,000 and it should be for organizations that **received 500,000 or more in FY 2003** that must submit the most recent OMB A-133 audit with their application in the assurance packet. On Page 79, we are not asking for a 2003 audit for applicants but for organizations awarded funding; we are asking applicants for your most recent audit if you received 500,000 or more in FY 2003. On page 79 we are asking for a certified financial statement from an independent CPA if your annual budget is below 500,000. **The Grant Terms and Conditions are only applicable to organizations that are awarded funding.**

9. In the DC RFA (p. 78) requires applicants to include a "time-specific work plan" in the Appendices; however, no format is specified for the work plan. Is there a required format for the work plan?

On page 78 the time specific work plan has been changed to the Quality Management Plan that includes implementation work plan (an example of an implementation plan can be found in Attachment J of the Attachments).

10. May applicants reduce or increase the number of pages included in each section of the application as long as the total application does not exceed the maximum 23 double-spaced pages allowed?

Yes, "The number of pages designated for each section (bulleted items above) is the maximum number of pages permitted per section. Applicants should feel free to submit fewer pages than the maximum stated."(p. 72 of DC RFA)

11. Is it allowable for two different programs from one provider to submit an application for Ryan White Title I Case Management for funding (For example discharge planning case management and traditional case management)?

Yes, one provider can submit separate applications for two programs that provide case management services. Applying for discharge planning case management is considered different from the traditional case management service category. Neither HRSA nor HAA has any restrictions on the number of service categories an applicant can apply for as long as they have the capacity to provide the planned services.